AFFIDAVIT VERIFYING STATUS FOR COUNTY PUBLIC BENEFIT APPLICATION

	Account Number:
Please complete, notarize and return thi registration application or renewal. A corequired with this affidavit.	
•	applicant for a DeKalb County Georgia Business or other public benefit, as referenced in O.C.G.A. o my application for a (check all that apply):
NAME:	
(name of natural person applying on behalf of indiv	vidual, business, corporation, partnership or other private entity)
BUSINESS NAME (if applicable):	
hereby swear and affirm that:	
I am a United States citizen or	legal permanent resident 18 years of age or older;
OR	
	n-immigrant under the Federal Immigration and or older and lawfully present in the United States.
knowingly and willfully makes a false, fictition	under oath, I understand that any person who ous, or fraudulent statement or representation in an Section 16-10-20 of the Official Code of Georgia.
Date	Signature of Applicant
	Printed name
Sworn to and subscribed before me,	*
his, 20	Alien Registration number for non-citizens
Notary Public My commission expires:	
SEAL)	

*Note: O.C.G.A. § 50-36-1(e)(2) requires aliens under the federal Immigration and Nationality Act, Title 8, U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," permanent legal residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: